County: Waupaca BETHANY HOME

DETIRENT HONE			
1226 BERLIN STREET			
WAUPACA 54981 Phone: (715) 258-5521		Ownershi p:	Nonprofit Church
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	119	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	119	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	119	Average Daily Census:	117

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	32. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	34. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	2. 5	More Than 4 Years	32. 8
Day Services	No	Mental Illness (Org./Psy)	37. 8	65 - 74	4. 2		
Respite Care	No	Mental Illness (Other)	13. 4	75 - 84	22. 7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	52. 1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	18. 5	Full-Time Equivale	nt
Congregate Meals	No	Cancer	5. 0	ĺ	ĺ	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	Yes	Fractures	0.8		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	1. 7	65 & 0ver	97. 5		
Transportati on	No	Cerebrovascul ar	8. 4	'		RNs	11. 4
Referral Service	No	Di abetes	1. 7	Sex	%	LPNs	8. 4
Other Services	Yes	Respiratory	2. 5		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	28. 6	Male	15. 1	Ai des, & Orderlies	36. 6
Mentally Ill	No			Female	84. 9		
Provi de Day Programming for			100. 0	İ	j		
Developmentally Disabled	No				100. 0		
********************	****	, ************	*****	, *******	********	********	*****

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0
Skilled Care	3	100.0	332	74	88. 1	109	0	0.0	0	32	100.0	155	0	0.0	0	0	0.0	0	109	91.6
Intermedi ate				10	11. 9	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	8. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		84	100.0		0	0.0		32	100.0		0	0.0		0	0.0		119	100. 0

BETHANY HOME

Admissions, Discharges, and Deaths During Reporting Period	ı	Percent Distribution	of Residents'	Condi t	ions, Services, an	nd Activities as of 12/	31/01
beachs burning keporting reriod	L				% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	13. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff		Resi dents
Private Home/With Home Health	0.0	Bathi ng	19. 3		52. 9	27. 7	119
Other Nursing Homes	14. 6	Dressi ng	17. 6		55. 5	26. 9	119
Acute Care Hospitals	65. 2	Transferring	31. 9		45. 4	22. 7	119
Psych. HospMR/DD Facilities	0.0	Toilet Use	31. 9		45. 4	22. 7	119
Reĥabilitation Hospitals	0.0	Eati ng	75. 6		14. 3	10. 1	119
Other Locations	6. 7	*********	******	*****	*******	*********	*******
Total Number of Admissions	89	Conti nence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	4. 2	Receiving Resp	iratory Care	5. 9
Private Home/No Home Health	37. 1	Occ/Freq. Incontinen		54. 6	Recei vi ng Trac		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	33. 6	Receiving Suct	i oni ng Č	0. 0
Other Nursing Homes	6. 7	•			Receiving Osto		0.8
Acute Care Hospitals	1. 1	Mobility			Recei vi ng Tube	Feedi ng	1. 7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	5. 9	Receiving Mech	anically Altered Diets	40. 3
Reĥabilitation Hospitals	0.0				<u> </u>	·	
Other Locations	3. 4	Skin Care			Other Resident C	haracteri sti cs	
Deaths	51.7	With Pressure Sores		2. 5	Have Advance D	i recti ves	90. 8
Total Number of Discharges		With Rashes		0.8	Medi cati ons		
(Including Deaths)	89	ĺ			Receiving Psyc	hoactive Drugs	37. 8

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

********************************** Ownership: Bed Size: Li censure: 100-199 Al l Thi s Nonprofit Skilled Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 98.3 92.7 1.06 84. 1 1.17 85.8 1. 15 84. 6 1. 16 Current Residents from In-County 76. 5 74.5 1.03 79. 3 0.96 69. 4 1. 10 77. 0 0.99 Admissions from In-County, Still Residing 30.3 27.9 1.09 25. 5 1.19 23. 1 1.31 20.8 1.46 Admissions/Average Daily Census 76. 1 95. 2 0.80 110. 2 0.69 105.6 0.72 128. 9 0.59 Discharges/Average Daily Census 76. 1 95. 2 0.80 110.6 0.69 105. 9 0.72 130.0 0.58 Discharges To Private Residence/Average Daily Census 28. 2 31.4 0.90 41. 2 0.69 38. 5 0.73 52.8 0.53 Residents Receiving Skilled Care 91.6 91.4 1.00 93.8 0.98 89.9 1.02 85.3 1.07 Residents Aged 65 and Older 97. 5 97.3 1.00 94. 1 1.04 93. 3 87. 5 1. 11 1.04 Title 19 (Medicaid) Funded Residents 70.6 64. 2 1. 10 66. 9 1.06 69.9 1.01 68. 7 1.03 Private Pay Funded Residents 26.9 29.6 1. 16 22.2 22. 0 0.91 23. 1 1. 21 1. 22 Developmentally Disabled Residents 0.0 0. 7 0.00 0.6 0.00 0.8 0.00 7. 6 0.00 Mentally Ill Residents 51.3 36.0 1.42 38. 7 1.32 38. 5 1.33 33. 8 1. 52 General Medical Service Residents 28. 6 21.3 1.34 21. 8 1. 31 21. 2 1.35 19. 4 1. 47 49.3 Impaired ADL (Mean) 43.5 49.0 0.89 48. 4 0.90 46. 4 0.94 0.88 Psychological Problems 37.8 50. 2 0.75 51.9 0.73 52.6 0.72 51. 9 0.73 7. 3 Nursing Care Required (Mean) 6. 5 7. 5 0.87 7. 5 0. 87 7.4 0.87 0.89